New account application form



Please complete the application form and return via email to an address below.

Invoice address	
Name:	
Quote number:	PO number:
Institute/company:	Department:
Street/no:	
Postcode:	Town:
Country:	
Telephone:	Fax:
Email (compulsory - invoices will be sent	as PDF to this address):
EORI number (compulsory for UK ar	d EU):
Tax/VAT ID (compulsory for UK and EU	J):
Market sector (Please click into the se box at the right to view and select all that apply	all options
Address for delivery (if different Name:	ent from above)
Name:	Department:
Name:	,
Name: Institute/company: Street/no: Postcode:	Department: Town:
Name: Institute/company: Street/no: Postcode: Country:	Department:
Name: Institute/company: Street/no: Postcode: Country: Telephone:	Department:
Name: Institute/company: Street/no: Postcode: Country: Telephone:	Department:
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Please send the completed form to one of the following email addresses:

- Europe, Middle East, and Africa: Genomics.emea@lgcgroup.com
- North America and Latin America: Genomics.americas@lgcgroup.com
- Asia-Pacific: Genomics.apac@lgcgroup.com
- China: Genomics.china@lgcgroup.com

